

APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

(ii piurai inventors are i	named below)	of the subject matter	which is claime	d and for whi	is listed below) or a ich a patent is sough	n original, first and joint invent t on the invention entitled:	or
	OK TOKT	FICATION OF	EXHAUST (GAS			_
described and claimed i Check one	n the specific	ation:					
*a. 13Lattache	ed hereto.						
b. [] filed or	n	as Applica	tion Serial No.		and amended or	n .	
		as Applica			und unfoliated of	(if applicable)	
	that I have re-	viewed and understand				including the claims, as amende	ed
I acknowledge accordance with Title 3 application(s) filed with	7, Code of Fe	deral Regulations, §1.5	56(a). Under Ti	tle 35 U.S. Co	is material to the exode §119, the priority	xamination of this application benefits of the following foreign	in gn
Japanese	Patent	Application	No.2000-1	38822 f	iled on May	11, 2000.	
I hereby declar mowledge that	ponding applies the following in the Patent Conducts, Reg. No. Thurst, Reg	g as my attorneys of roffice: o. 25,177; Charles A. ENCE IN CONDEL, L.L.P., 14 reviewed and understatents made on informatic statements and the lik	wendel, Reg. Nection value of the contents are so made are p	No. 24,453; and WITH THe treet, Suite of this Declarate believed to bunishable by	itution and revocation ad/or Lawrence D. Ei IS APPLICATI the 210, Alexand ration, and that all state to be true; and further fine or imprisonmen	isen, Reg. No. 41,009 CON SHOULD BE SENtain, Virginia 22314-280 attements made herein of my own that these statements were made, or both, under Section 1001 of attention or any patent issued thereof	nd T 5
3 Typewritten Full Nam	e of						
Sole or First Inventor		Naomi				NODA	
		Given Name	•	Middle Ini	tial	Family Name	-
4 Inventor's Signature		Naomi	noda		4		_
5 Date of Signature		April		25t	h 20	01	
		Month		Day	Ye	аг	_
Residence Ich	inomiya	-city, Aio	chi-prefe	cture,	Jaj	pan	
Citizenship Jap	City canese	State	e or Province		Cou	intry	
Post Office Ad (Insert complet	e mailing				2-56, Suda-c	cho, Mizuho-ku,	_
address, includ	ing country)		y, AICHI-	hrerect,	ure, 467-85.	ov Japan	_

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

	3 Typewritten Full Name of		hi		SUZUKI			
Second Joint Inventor (if any)		Junichi Given Name		Middle Initial				
4 Inventor's Signature	er	Junichi	Suzu	ki				
Date of Signature		April		25th		2001		
	- 	Month		Day		Year		
Residence	Kuw	ana-city,		refecture,	Japan			
Citizenship Jaj	panese	City	State or P	Province	Country			
Post Office Add	mailing	NT			Suda-cho, Mizub	10-ku,		
address, includin	g country)	Nagoya-City,	AICHI	-prefecture,	407-0550 bupun	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Typewritten Full Name Third Joint Inventor (if		Given N	ame	Middle Initial	Family Name	·		
Inventor's Signature	·							
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3 Typewritten Full Name Fourth Joint Inventor (i					and the second control to the second control			
CORP COMPANY CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.		Given N	ame	Middle Initial	Family Name			
4 Inventor's Signature	ß		<u> </u>					
5 Date of Signature	IS	Month		Day		Year		
6 Residence		City	State or Province		Country			
7 Citizenship		<u>,, , , , , , , , , , , , , , , , , , ,</u>						
8 Post Office Add (Insert complete address, including	mailing)						
3 Typewritten Full Name	-							
Fifth Joint Inventor (if				301H T-01	T211 \$Y			
A T		Given N		Middle Initial	Family Name	,		
4 Inventor's Signature						 		
5 Date of Signature	16F	Month	*** *** *** *** *** ***	Day		Year		
6 Residence								
7 Citizenship		City	State or	Province	Country			
Post Office Add (Insert complete	e mailing							
	ng country)			date of signing on line 5.			